

MULTIPLE DEPEN. CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10 / 567962

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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25						
26						
27						
28						
29						
30						
31						
32	1					
33	1	1				
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.			↓		↓	↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS		████████		████████		████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1				
52		1				
53	1					
54	1					
55	1					
56		1				
57		1				
58	1					
59		1				
60		1				
61	1					
62	1					
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97						
98						
99						
100						
TOTAL IND.	11		↓		↓	
TOTAL DEP.	20	←	←		←	←
TOTAL CLAIMS	31	████████		████████		████████